

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24672**

FILED JUL 21 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1593**

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ohio; ri. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton 5,		c. CITY OR TOWN Cincinnati 8,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION #6416 San Bonita Ave,		e. STREET ADDRESS (If rural, give location) #3561 Edwards Road.	

3. NAME OF DECEASED (Type or Print) LULU	a. (First)	b. (Middle)	c. (Last) MANGOLD.	4. DATE OF DEATH (Month) (Day) (Year) July 12, 1955,
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5. SEX Female.	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single.	8. DATE OF BIRTH Dec 10, 1890.	9. AGE (In years last birthday) 64.	# UNDER 1 YEAR Months _____ Days _____	# UNDER 6 WKS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafeteria worker Cinn.	10b. KIND OF BUSINESS OR INDUSTRY Gas & Electric Co.	11. BIRTHPLACE (City and State or Foreign Country) Cobden, Illinois.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Willis M. Mangold.	13b. MOTHER'S MAIDEN NAME Laura O. Blick.	14. NAME OF HUSBAND OR WIFE None.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.	16. SOCIAL SECURITY NO. 268-10-2427.	17. INFORMANT'S SIGNATURE OR NAME Mrs Harriett Thilenius,	ADDRESS 6414 San Bonita Ave
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the		INTERVAL BETWEEN ONSET AND DEATH Year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 12, 1955, to July 22, 1955 that I last saw the deceased alive on July 12, 1955, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Roy Coepto, M.D.	23b. ADDRESS 10502 Manchester	23c. DATE SIGNED 7/12/55
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24a. BURIAL CREMATION REMOVAL (Specify) Crementation.	24b. DATE 7/13/55.	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory..	24d. LOCATION (City, town, or county) (State) #7800 St. Charles Rock Road.
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DATE REC'D BY LOCAL REG. 7/13/55	REGISTRAR'S SIGNATURE Herbert R. Donke, D.D.	25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons,	ADDRESS #7233 Delmar Blv'd.,
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Arnold W. Schoene

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.